

|                             |                         |              |                        |                                    |
|-----------------------------|-------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/461,671 | FILING DATE<br>12/14/99 | CLASS<br>455 | GROUP ART UNIT<br>2749 | ATTORNEY DOCKET NO.<br>8194-140IP2 |
|-----------------------------|-------------------------|--------------|------------------------|------------------------------------|

APPLICANT

PAUL WILKINSON DENT, PITTSBORO, NC.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 09/209,104 12/10/98  
 WHICH IS A CIP OF 09/054,063 04/02/98  
 WHICH IS A CIP OF 09/361,080 07/26/99  
 WHICH IS A CON OF 09/054,060 04/02/98 PAT 5,930,128

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/14/00

|   |   |                        |                     |                    |                         |
|---|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met           | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>NC | SHEETS DRAWING<br>9 | TOTAL CLAIMS<br>50 | INDEPENDENT CLAIMS<br>3 |
| Verified and Acknowledged<br>Examiner's Initials _____ Initials _____ |   |                        |                     |                    |                         |

SEE CUSTOMER NUMBER: 020792

ADDRESS

TITLE

ANTENNA COUPLING SYSTEMS AND METHODS FOR TRANSMITTERS

|                                |   |   |
|--------------------------------|---|---|
| FILING FEE RECEIVED<br>\$1,300 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|--------------------------------|---|---|